

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> END 5123
		<b>First Inventor</b> Paul G. Ritchie et al..
		<b>Title</b> MEDICAL TREATMENT SYSTEM WITH ENERGY DELIVERY DEVICE FOR LIMITING REUSE
		<b>Express Mail Label No.</b> ER 554 942 669 US

<b>APPLICATION ELEMENTS</b>  <small>See MPEP Chapter 600 concerning utility patent application contents.</small>	<b>ADDRESSED TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 36] <small>(Preferred arrangement set forth below)</small> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 8] 5. Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Not executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other
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18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
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<b>19. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input type="checkbox"/> Correspondence Address below	
Name:	Philip S. Johnson, Esq.
Address:	Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA

<b>20. TELEPHONE CONTACT</b> Please direct all telephone calls or telefaxes to Gerry S. Gressel. at: Telephone: (513) 337-3295 Fax: (513) 337-8489	
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<b>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>	
NAME	Gerry S. Gressel Reg. No. 34,342
SIGNATURE	11/26/03
DATE	November 26, 2003

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	November 26, 2003
	First Named Inventor	Paul G. Ritchie et al.
	Group Art Unit	Not assigned
	Examiner Name	Not assigned
	Attorney Docket Number	END 5123

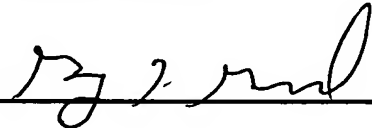
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	20 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 86.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			<b>TOTAL FEES</b>	<b>\$ 770.00</b>

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END 5123/GSG in the amount of \$770.00.  
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ END 5123/GSG.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature		Date: November 26, 2003
		<b>Deposit Account No. 10-0750</b>